

Express Mail Label No.

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Docket No.
81190-3002**Declaration and Power of Attorney For Patent Application****English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

COMBINATION THERAPY FOR GASTROENTERIC DISEASES CAUSED BY MICROORGANISMS

the specification of which

(check one)

is attached hereto.

was filed on July 12, 2004 as United States Application No. or PCT International

Application Number 10/564,057

and was amended on _____

(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)**Priority Claimed**

(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Michael R. Williams	45,333
Adrian D. Battison	31,726
Ryan W. Dupuis	47,345

Send Correspondence to: **ADE & COMPANY INC.**
P.O. Box 28006
1795 Henderson Highway
Winnipeg Manitoba Canada R2G 0P1

Direct Telephone Calls to: (name and telephone number)
Michael R. Williams 204-944-0034

Full name of sole or first inventor Michelle Alfa	June 16, 2006 Date
Sole or first inventor's signature <i>Michelle J. Alfa</i>	June 16, 2006
Residence Manitoba Canada	
Citizenship Canadian	
Post Office Address 6-62 Scurfield Blvd., Winnipeg Manitoba Canada R3Y 1M5	

Full name of second Inventor, if any	
Second Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	